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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

RALPH CORSINI

Title

INTEGRATED FACEMASK
FIREFIGHTING HOOD PACKING SYSTEM

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages 5]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
1. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Oath or Declaration [Total Sheets 1]
a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper
 - c. Statements verifying identity of above copies

22581 U.S.P.T.O.
10/684613**ACCOMPANYING APPLICATION PARTS**

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document *(if applicable)*
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application Information: Examiner _____ Art Unit: _____
 For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS Customer Number: _____ OR Correspondence address below

Name	RALPH CORSINI		
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City	Bay Shore	State	NY
Country	Telephone (631) 665-7027	Zip Code	11706
Fax	(631) 665-7027		

Name (Print/Type)	RALPH CORSINI	Registration No. (Attorney/Agent)	
Signature	Ralph Corsini		
	Date	10/14/03	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

101403

17638 U.S.PTO

FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.
Small Entity payments MUST be supported by a small entity statement.
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 385

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number _____
Deposit Account Name _____

— Charge Any Additional
Fee Required Under
37 CFR 1.16 and 1.17

2. Payment Enclosed:
 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	<u>385</u>
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) : (\$) 385

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
6	-	-	-20** =	X	=
			-3** =	X	=

*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) : (\$) —

<i>Complete If Known</i>			
Application Number _____			
Filing Date _____			
First Named Inventor : <u>Ralph Corsini</u>			
Examiner Name _____			
Group / Art Unit _____			
Attorney Docket No. _____			

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	—
127	50	Surcharge - late provisional filing fee or cover sheet.	—
139	130	Non-English specification	—
147	2,520	Filing a request for reexamination	—
112	920*	Requesting publication of SIR prior to Examiner action	—
113	1,840*	Requesting publication of SIR after Examiner action	—
115	110	Extension for reply within first month	—
116	380	Extension for reply within second month	—
117	870	Extension for reply within third month	—
118	1,360	Extension for reply within fourth month	—
128	1,850	Extension for reply within fifth month	—
119	300	Notice of Appeal	—
120	300	Filing a brief in support of an appeal	—
121	260	Request for oral hearing	—
138	1,510	Petition to institute a public use proceeding	—
140	110	Petition to revive - unavoidable	—
141	1,210	Petition to revive - unintentional	—
142	1,210	Utility issue fee (or reissue)	—
143	430	Design issue fee	—
144	380	Plant issue fee	—
122	130	Petitions to the Commissioner	—
123	50	Petitions related to provisional applications	—
126	240	Submission of information Disclosure Stmt	—
581	40	Recording each patent assignment per property, times number of properties	—
146	760	Filing a submission after final rejection (37 CFR 1.129(a))	—
149	760	For each additional invention to be examined (37 CFR 1.129(b))	—
Other fee (specify) _____			
Other fee (specify) _____			

SUBTOTAL (3) : (\$) —

Reduced by Basic Filing Fee Paid

Complete (if applicable)

SUBMITTED BY

Typed or Printed Name Ralph Corsini

Signature Ralph Corsini

Reg. Number _____

Deposit Account _____

User ID _____

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.